

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	3					
6	1					
7	1					
8	2					
9	2					
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TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
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